

**Montana Board of Realty Regulation**  
**301 South Park Avenue 4<sup>th</sup> Floor**  
**PO Box 200513**  
**Helena MT 59620-0513**  
**PHONE: 406-444-2961 FAX: 406-841-2323**  
**E-MAIL: [dlibsdrre@mt.gov](mailto:dlibsdrre@mt.gov)**  
**WEBSITE: [www.realestate.mt.gov](http://www.realestate.mt.gov)**

## **PROCEDURES FOR EQUIVALENCY APPLICATIONS**

### **WAIVER REQUIREMENTS:**

- A Montana salesperson who has been licensed for the preceding 12 months may apply for a determination that the applicant possesses experience equivalent to that required for broker licensing.
- An applicant who has received a determination by the board that the applicant's experience is equivalent to that required for broker licensing, but who fails the examination on two occasions, shall have the determination of equivalency withdrawn.
- Applications for determination of equivalent experience shall be made on forms approved by the board.

### **PROCESSING PROCEDURES:**

- A completed application will be presented to the Board at its next regularly scheduled meeting.
- The applicant is not required to attend the Board meeting, but is welcome to attend and be present during the consideration of the application.
- The Board routinely holds meetings every six weeks. Contact the Board office or visit the web site for a listing of board meeting dates.
- Upon completion of all of the requirements for licensure, an application for a Real Estate Broker license must be submitted with all fees and supporting documentation.

MONTANA STATE BOARD OF REALTY REGULATION

APPLICATION FOR AN EQUIVALENCY DETERMINATION

Application is hereby made for an equivalency determination relative to the experience required of Section 37-51-302(2)C) MCA and 8.58.406(A) (6) A.R.M.

NAME:

RESIDENCE:

STREET/P.O. BOX

CITY

STATE

ZIP CODE

TELEPHONE

BUSINESS

HOME

EMPLOYED BY:

\_\_\_\_\_

TITLE:

BUSINESS ADDRESS:

STREET/P.O. BOX

CITY

STATE

ZIP CODE

I. EDUCATION

COLLEGE OR UNIVERSITY

\_\_\_\_\_

CITY

STATE

MAJOR

MINOR

DEGREE

DATE OF GRADUATION

CITY

STATE

COURSE OF INSTRUCTION

DATE OF GRADUATION

REAL ESTATE EDUCATION:(Use additional paper if necessary)

NAME OF SCHOOL OR COURSE & LOCATION OF CLASS

COURSE OF INSTRUCTION

\_\_\_\_\_  
DATE OF COMPLETION

II. REAL ESTATE EXPERIENCE (Use additional paper if necessary)

- A. Are you currently a licensed real estate salesperson in Montana?  
\_\_\_\_\_
- B. Are you currently a licensed real estate salesperson in any jurisdiction? If so, where
- C. Have you ever held a real estate license in any jurisdiction?
- D. If yes, when and where? Under what  
circumstances did you lose your real estate license?
- E. Explain the nature of the above real estate activity:  
(# of listings, # of sales, types of property)
- F. Approximate number of real estate transactions consummated yearly for the preceding three  
(3) years:\_\_\_\_\_
- \_\_\_\_\_

G. Name of Real Estate Employers: \_\_\_\_\_

H. Describe fully your experience in property management: \_\_\_\_\_

I. Describe fully your experience in mortgage banking: \_\_\_\_\_

J. Describe fully your experience in subdivision of land

K. Describe fully your experience in finance: \_\_\_\_\_  
\_\_\_\_\_

L. Describe fully your experience in legal activity:

M. Describe fully your experience in selling:

N. Describe fully your supervisory

List six (6) professional references who are well acquainted with your experience in the real estate field:

NAME

ADDRESS

**ASSOCIATIONS & SOCIETIES**

A. List all professional or occupational licenses held:

B. List memberships in professional associations or societies

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

MONTANA BOARD OF REALTY REGULATON

LISTINGS: COMMERCIAL/AGRICULTURAL/FARM & RANCH – THE FOLLOWING INFORMATION MUST BE PROVIDED BY THE SUPERVISING BROKER. MAKE COPIES OF THIS DOCUMENT AS NEEDED.

- ✓ MUST BE WITHIN THE PAST THIRTY-SIX MONTHS
- ✓ MUST BE THE AGENT WHO ACTUALLY SECURED THE LISTING
- ✓ AGRICULTURAL/FARM & RANCH MUST BE A MINIMUM OF 30 ACRES.

SELLERS NAME	DATE LISTED	LISTING COMPANY/AGENT	PROPERTY ADDRESS	SIZE (# OF ACRES)	DATE LISTING EXPIRED
--------------	-------------	-----------------------	------------------	-------------------	----------------------

I hereby certify that the above information is true and accurate. I understand that any misrepresentation of the above information is providing false information to the board and may be grounds for license discipline.

Broker SignatureDate

Subscribed and Sworn before me this\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
City/State  
\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
For the State of  
\_\_\_\_\_  
My commission expires on \_\_\_\_\_, \_\_\_\_\_

SEAL

MONTANA BOARD OF REALTY REGULATON

**LISTINGS: RESIDENTIAL** – THE FOLLOWING INFORMATION MUST BE PROVIDED BY THE SUPERVISING BROKER. MAKE COPIES OF THIS DOCUMENT AS NEEDED.

- ✓ MUST BE WITHIN THE PAST THIRTY-SIX MONTHS
- ✓ MUST BE THE AGENT WHO ACTUALLY SECURED THE LISTING

SELLERS NAME	DATE LISTED	LISTING COMPANY/AGENT	PROPERTY ADDRESS	SIZE (# OF ACRES)	DATE LISTING EXPIRED
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Broker Signature

Date

SEAL

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

City/State

Notary Public

For the State of

My commission expires on \_\_\_\_\_,

MONTANA BOARD OF REALTY REGULATON

**LISTINGS: VACANT LAND** – THE FOLLOWING INFORMATION MUST BE PROVIDED BY THE SUPERVISING BROKER. MAKE COPIES OF THIS DOCUMENT AS NEEDED.

- ✓ MUST BE WITHIN THE PAST THIRTY-SIX MONTHS
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Broker Signature

Date

SEAL

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City/State

Notary Public

For the State of

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Revised 07/2002

**MONTANA BOARD OF REALTY REGULATION**

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- ✓ MUST BE WITHIN THE PAST THIRTY-SIX MONTHS
- ✓ MUST HAVE OBTAINED AND WORKED WITH THE BUYER
- ✓ AGRICULTURAL/FARM & RANCH MUST BE A MINIMUM OF 30 ACRES TO QUALIFY
- ✓ TRANSACTION MUST HAVE CLOSED

1. BUYERS NAME 2. SELLERS NAME	PROPERTY ADDRESS	1. LISTING AGENT 2. SELLING AGENT	CLOSING COMPANY	CLOSING DATE
1.		1.		
2.		2.		
1.		1.		
2.		2.		
1.		1.		
2.		2.		
1.		1.		
2.		2.		
1.		1.		
2.		2.		
1.		1.		
2.		2.		
1.		1.		
2.		2.		

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\_\_\_\_\_  
City/State\_\_\_\_\_  
Notary Public\_\_\_\_\_  
For the State of

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1.		1.		
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\_\_\_\_\_  
City/State

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Notary Public

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\_\_\_\_\_  
City/State\_\_\_\_\_  
Notary Public\_\_\_\_\_  
For the State of

My commission expires on \_\_\_\_\_, \_\_\_\_\_